



**TOWN of LAUDERDALE-BY-THE-SEA
MARTIAL ARTS CLASSES**

**4501 Ocean Drive
Lauderdale-By-The-Sea, Florida 33308
(954) 776-0576**

**Registration Fee: Martial Arts / \$30.00 (Non-Residents)
\$ - 0 - (Residents)**

Name _____ Gender **M** **F**
Street _____ City _____ ZIP _____
Father's Name (if a minor) _____ Home Phone _____ Work Phone _____ Cell Phone _____
Mother's Name (if a minor) _____ Home Phone _____ Work Phone _____ Cell Phone _____

IMPORTANT: PLEASE READ and SIGN (Please Initial Each Area):

★ **INITIAL ALL** ★

WAIVER FOR PROGRAM PARTICIPANT: I do hereby INDEMNIFY and HOLD HARMLESS the Town of Lauderdale-By-The-Sea (LBTS), its officers, agents, staff, representatives, executors and all others from any and all responsibilities or liability from injuries or damages sustained resulting from my and/or my child's participation in any Town sponsored activities at the Town of Lauderdale-By-The-Sea. I hereby indemnify and hold harmless all the aforementioned and others acting upon their behalf from responsibility or liability for any injury or damage to myself and/or my child including any caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my and/or my child's participation in any activities at the Town of Lauderdale-By-The-Sea. I have carefully read this release in its entirety, fully understand the contents thereof and by execution below, expressly agree to be bound by its terms and conditions. ★

PROOF OF INSURANCE: Please provide the Town with a copy of "proof of insurance" for you and/or your child. ★

PHOTOGRAPH RELEASE FORM. I grant permission to use my and / or my child's photograph in any official Town of Lauderdale-By-The-Sea, publicity pieces. Publicity pieces include, but are not limited to, news releases, publications, videos and web use. ★

I have read and agree to the LBTS's policies on refunds, photographs, and the LBTS liability waiver.

Signature of Registrant/Parent/Legal Guardian: _____ Date: _____

The State of Florida
County of _____

The following instrument was acknowledged before me this _____ day of _____, _____ by
_____ who is personally known to me or who has produced _____ as
identification.

My Commission Expires:

Signature of Notary

Printed Name of Notary

Return Completed Applications to:
Town of Lauderdale-By-The-Sea
ATTN: MARTIAL ARTS CLASSES
4501 Ocean Drive
Lauderdale-By-The-Sea 33308

LBTS Use Only: Proof of Insurance provided _____ Verify All are Initialed & Signed: _____